

Monroe-Gregg School District

135 South Chestnut Street
Monrovia, IN 46157
Phone (317) 996-3720
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CERTIFIED STAFF

Voluntary Sick Leave Bank Enrollment Form

Name: _____ Social Security # _____
Last First Middle

Address: _____
Number/Street City Zip Code

Phone Number: _____ Position: _____

I wish to participate in the voluntary sick leave bank as referred to in the classified staff employee manual.

I have read the description of the bank and the various regulations, guidelines, membership requirements, and general operation procedures and agree to abide by them. As a condition to my application, I specifically acknowledge and agree that the granting of days from the voluntary sick leave bank shall be at the sole discretion of the sick leave bank committee, and that all decisions by the committee will be final and binding. I further agree to abide by such decisions and to indemnify and hold harmless the school district, the sick leave bank committee, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of them with respect to a decision made by any of them concerning this application.

I hereby authorize the Superintendent's Office of the school district to deduct on day from my accumulated sick leave and voluntarily contribute that day of the voluntary sick leave bank and am governed by the committee responsible for the administering of the bank and accept all responsibilities and will meet all obligations and outlined in the contract.

Signature: _____
Date: _____